## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/04/08</u>	Address:	4402 E, SR 18
Case #:	<u>16-18559</u>		Amboy, IN. 46911
County:	<u>Miami</u>		_
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operati	onal Lab	Residence	Ilotel/Motel
	cal/Glassware/Equipment (only)	Outbuilding	Open – No Structure
Dumpsi	ite (only)	☐ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)    Lithium/Ammonia Reaction(s): (spent reaction) - garage			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Kitchen			
Water Reactive Metal (Lithium): <u>Kitchen</u>			
Anhydrous Ammonia: Garage			
Corrosive Acid: <u>Bathroom</u>			
Corrosive Base:			
Other (item and location):			
Child and	on are 19 dispersed (about one)	Townsticution	a Information
	er age 18 discovered (check one) (number present)		<u>e Information</u> e/Pseudoephedrine Tracking Log
No	(Control Property)		erchant Tip
*If yes, fax re	eport to Child Protective Services	🔀 Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tnient: Amboy F.D.	Fax: <u>(765)</u>	
Health Department: Miami County		Fax: <u>(765)</u> Fax: <u>N/A</u>	<u>473-0285</u>
Child Prote	ection Service: N/A	1 a.a. 11/21	
For further information regarding this methamphetamine laboratory, contact			
Investigating Officer: R.A. Burgess Phone 765-473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.